

## **EMPLOYER'S WEEKLY REPORT OF PARTICIPANTS SHORT-TIME (STC) COMPENSATION PLAN**

## **VERMONT DEPARTMENT OF LABOR**

**EMPLOYER CERTIFICATION:** I certify that the above information concerning the status/earnings of the employees participating in the STC program is true and correct to the best of my knowledge.

Employer Signature

Date

## **Instructions for Completing Employers Weekly Report of Participants**

This form must be completed by the employer and submitted to the STC Unit each week throughout the duration of the approved STC Plan. It should be received in the STC Unit within 4 days after the end of the week being reported along with the individual STC weekly claim forms that must be completed by each employee who is participating in the approved STC Plan.

It should be noted that once a plan is approved, the weekly report should not reflect any deviation from the approved plan. If there are any changes to your plan, you must request a modified plan.

### **Submitting Completed Reports**

1. Collect all the individual STC weekly claim forms from each participating employee.
2. Verify that you have included every employee on your report who is listed as a participant in your approved plan.
3. Verify that you have a weekly claim form for each participating employee shown on your report for the week.
4. Mail or fax the original pages of your report and all the corresponding individual STC claim forms to:

FAX: 802-828-9191

MAILING ADDRESS:      Vermont Department of Labor  
                                  P.O. Box 189  
                                  Montpelier, VT 05601-0189

**IMPORTANT – Any errors or omissions may cause a delay in the payment of benefits.**